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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Egypt

Proposed UNFPA assistance:	$18 million, $14.4 million from regular resources and $3.6 million from multi-bilateral and/or other, including regular resources
Programme period:	4 years (1998-2001)
Cycle of assistance:	Sixth
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive Health	7.4	1.6	9.0
Population & Development Strategies	3.3	1.0	4.3
Advocacy	3.0	1.0	4 .0
Programme Coordination and Assistance	.7	-	.7
Total	14.4	3.6	18.0

EGYPT

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	35.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	46.0	≥55
Access to basic health services (%)[3]	99.0	≥60
Infant mortality rate (/1000)[4]	67.0	≤50
Maternal mortality rate (/100,000)[5]	270.0	≤100
Gross female enrolment rate at primary level (%)[6]	100.0	≥75
Adult female literacy rate(%)[7]	34.2	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	62,096	Annual population growth rate (%)	1.85
Population in year 2000 (000)	68,119	Urban	2.43
Sex ratio (/100 females)	103.1	Rural	1.37
Per cent urban	45	Crude birth rate (/1000)	26.1
Age distribution (%)		Crude death rate (/1000)	7.1
Ages 0-14	38.0	Net migration rate (/1000)	-0.5
Youth (15-24)	18.6	Total fertility rate (woman)	3.4
Ages 60+	6.5	Life expectancy at birth (years)	
Percentage of women aged 15-49	49.2	Males	64.7
Median age (years)	21.1	Females	67.3
Population density (/sq. km.)	62	Both sexes	66.0
		GNP per capita (U.S. dollars, 1994)	710

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund proposes to support a population programme over the period 1998-2001 to assist the Government of Egypt achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $18 million, $14.4 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $3.6 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's sixth cycle of assistance to Egypt and is harmonized with the UNDP programme, which will also conclude in 2001.

2. The Government of Egypt is committed to strengthening national population and development programmes by implementing the recommendations of the International Conference on Population and Development (ICPD) and the other major international conferences of the 1990s. The proposed programme of assistance has been developed on the basis of the findings and recommendations of a programme review and strategy development (PRSD) exercise that included a visit to Egypt in October-November 1996. The PRSD was conducted in close cooperation with the Government, national non-governmental organizations (NGOs), as well as with bilateral and other multilateral donors. The programme is consistent with national population and development policies, priorities and strategies and has been designed to complement the assistance of other donors.

3. The overall goal of the UNFPA-supported programme is to contribute to the improvement of the reproductive health of the Egyptian people, to a reduction in gender disparities, and to the achievement of sustained socio-economic development. Within this context, UNFPA will work to achieve the following specific objectives by the end of the programme: (a) improve the quality, scope and coverage of reproductive health care, including family planning and sexual health, in two governorates of upper Egypt and two inner-city areas of Cairo, where population indicators are less favourable than national averages; (b) enhance national skills and capacities to formulate, plan and implement information, education and communication (IEC) strategies in support of reproductive health programmes, including addressing the issue of female genital mutilation (FGM); (c) help to strengthen the population information management system and the coordination mechanisms within the Ministry of Health and Population; (d) expand choices and opportunities for women in the areas of reproductive health, education and economic empowerment; and (e) accelerate the integration of ICPD recommendations in the plans and programmes of the Government, NGOs and donors.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Egypt is designated a category "A" country under UNFPA's new approach for resource allocation. Its national population policy focuses on three central points: the reduction of the population growth rate, the improvement of demographic indicators and sustainable spatial redistribution. In many regards, Egypt has achieved significant success over the past decades. Total fertility, for example, declined from 5.3 in 1980 to 3.6 in 1995, and the population growth rate has been reduced to about 1.9 per cent a year. Still, the growth momentum resulting from a young population continues to be of serious concern. Implementation of an economic reform and structural adjustment programme has resulted in laudable improvements in the country's economy; however, one-third of the population is still estimated to be living below poverty level, with women being especially affected. Most of the country's population is still concentrated on less than 6 per cent of its land.

6. Maternal mortality rates remain high, with estimates varying from a low of under 80 per 100,000 live births to a high of over 200 per 100,000. Access to basic health services is almost universal, but less than half of the births are attended by trained health personnel, and infant mortality is high. The contraceptive prevalence rate has reached 46 per cent for modern methods, but there is a high discontinuation rate. There is also under-utilization of health care facilities and an unmet demand for contraceptive services that is estimated at about 16 per cent. Opportunities for reproductive health decision-making are severely constrained for the vast majority of women, and the access of youth to information on reproductive health is meagre. These concerns are further aggravated at the sub-national level by acute disparities between Lower and Upper Egypt, as well as between urban and rural areas.

7. Egypt has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); however, national level implementation of the convention has been slow. The current situation with respect to gender, population and development is a matter for serious concern: only a third of adult females are literate; there is a high rate of school drop-outs among girls; early marriage remains the social norm; the prevalence of FGM is very high and needs to be actively addressed; and male involvement in reproductive health issues remains low.

Previous UNFPA assistance

8. The first comprehensive UNFPA country programme in Egypt commenced in 1971, and the most recent one, the fifth, was approved in 1992 and had its activities extended by one year, to the end of 1997. Total expenditures during the programme cycle 1992-1997 are estimated at just under $13 million. UNFPA achievements in family planning and reproductive health during this period have been significant, including the expansion of the mix of contraceptive methods, the strengthening of

personnel skills, and the involvement of NGOs. But fuller integration of reproductive health into the primary health care system still requires more comprehensive strategies and intensive monitoring.

9. UNFPA helped to strengthen capacities in demographic data collection and analysis, such that the most recent (1996) census was undertaken almost entirely with national resources and by national personnel. Overall, UNFPA helped donor coordination efforts in the population sector, and the Fund's advocacy initiatives significantly contributed to greater support for youth reproductive health issues, the strengthening of NGO capacities, and a campaign against harmful traditional practices, including FGM. In spite of significant efforts to develop family planning services, their integration into the primary health care system has not yet been completed. Furthermore there is now a need to broaden the scope of the Fund's support towards a more comprehensive reproductive health approach as called for in the ICPD Programme of Action. UNFPA initiated a project to enhance youth involvement in population and development activities but realized that the focus of the project was not fully commensurate with programme objectives. The project design and training curriculum were therefore modified with the direct involvement of the beneficiaries, and the initiative wound up generating remarkable enthusiasm among youth, demonstrating the strong potential for its expansion.

10. Based on the lessons learned during the implementation of the previous country programme, when most of UNFPA's input was concentrated on strengthening institutions at the central level, the 1996 PRSD recommended that, in order to increase the impact of its programmes, UNFPA should shift its strategy and pay special attention to disadvantaged population groups and to specific geographical regions. The proposed programme has been designed taking this recommendation into account.

Other external assistance

11. UNFPA is the second largest donor for population programmes in Egypt after the United States Agency for International Development (USAID), which supports a comprehensive family planning programme with over $12 million per year, representing about 75 per cent of all of Egypt's population donor assistance. USAID is formulating a new 10-year programme, which is expected to continue its focus on family planning. The Egypt Population Project supported by the World Bank will provide approximately $20 million over a five-year period (1997-2002), 85 per cent of which will be for reproductive health services and for improving the status of women. The European Union and the Government of Netherlands are the other major donors in the population field, with average annual financial inputs estimated at $2.3 million and $1.7 million, respectively.

12. Egypt's population programme involves multiple partners, and it would be difficult to isolate the impact of UNFPA assistance. Nevertheless, past UNFPA assistance has contributed significantly

towards strengthening and sustaining the national population programme, and UNFPA's leadership role and assistance are recognized and appreciated in the country.

Proposed programme

13. The proposed programme will be implemented at two levels: a focused approach to selected under-served sub-national areas to strengthen comprehensive and client-responsive reproductive health services, and a second, nationwide, approach in the formulation of IEC strategies and advocacy for follow-up to the ICPD Programme of Action. Approximately 50 per cent of programme resources are allocated for reproductive health, 23 per cent for population and development strategies, 23 per cent for advocacy, and 4 per cent for programme coordination and assistance. Lessons learned from the implementation of past UNFPA-assisted activities, and the recommendations of the recent UNFPA management audit, have been considered to determine the mechanisms for programme implementation and will be applied in the development of the subprogrammes and their components.

14. Reproductive health. UNFPA aims to support the Government's intention to provide high quality reproductive health and family planning services to all people who need them, with special attention to women and youth. This objective will be achieved through the operationalization of the integrated reproductive health approach in priority focus areas (PFAs) selected from rural and urban districts where indicators are significantly below national averages. The PFAs have been identified in consultation with the Government based on such indicators as maternal mortality, contraceptive prevalence, female illiteracy and the demonstrated support of administrative authorities. The PFA approach marks a change from the previous programme strategy and is expected to provide improved reproductive health care for over 6 million beneficiaries. It is also anticipated that the strategy of focused and intensive activities will have a demonstration effect, showing the synergistic results of a well-coordinated reproductive health approach and will assist in refining national strategies for expansion of the model.

15. Concurrent with efforts to provide integrated reproductive health care, IEC marketing and communication strategies will be designed to address client concerns, reinforce confidence and promote behavioural changes. In view of the high prevalence of FGM in Egypt, campaigns will be designed on the basis of sociocultural studies to raise the awareness of the population on the harmful effects of the practice. In addition, UNFPA will also work within the PFAs with other donors to carry out integrated community development schemes to improve the status of women through literacy programmes, provision of micro-credits, nutritional support and gender training. Based on these strategies and interventions, it is expected that a 10-15 per cent improvement will be achieved at the end of the programme with regard to indicators of maternal mortality, morbidity, contraceptive prevalence and FGM.

16. Population and development strategies. The proposed programme will help strengthen the population information management systems within the Ministry of Health and Population. It will seek to establish unified indicators in order to monitor the programme's activities, to identify and fill gaps, and to evaluate progress. The existing capacities in diverse institutions will be integrated into a national network so that information and data are readily accessible. The programme will focus on synthesizing existing data and information, and disseminating it in a user-friendly form for decentralized decision-making and coordinated research. These activities are expected to result in improved mechanisms for effective policy analysis, coordination, strategic planning and the decentralized implementation of population programmes.

17. Advocacy. In collaboration with NGOs and other development partners, UNFPA will support concerted efforts to promote the goals of the ICPD Programme of Action, particularly in terms of a reduction in the prevalence of FGM. To this end, the programme will continue to support the Government's efforts to strengthen grass-roots NGOs in population and development activities that seek to improve the status of women. In addition, the programme will coordinate efforts to influence attitudes of youth on gender issues and to increase male involvement in reproductive health. UNFPA will also continue to support Egypt's continued active participation in South-South cooperation activities.

Programme implementation, monitoring and evaluation

18. The Ministry of Foreign Affairs is the cooperating agency for all United Nations programmes and activities, and the Ministry of Health and Population is the substantive authority that oversees the planning and implementation of population programmes.

19. National agencies, both governmental and non-governmental, will execute and implement the proposed programme under the overall coordination of the Ministry of Health and Population. Training will be provided to national personnel in substantive as well as managerial aspects of programme planning and implementation. Among the national agencies and partners at the central and governorate levels that are expected to be involved in implementing the programme are the Ministries of Health and Population, Information, Local Administration, Education, Social Affairs, Agriculture, the National Population Council, the Central Agency for Public Mobilization and Statistics, the Cairo Demographic Centre, the Regional Centre for Training in Family Planning at the Ain Shams University and the Institute for Training and Research in Family Planning, governorate and district level functionaries in selected PFAs, universities, NGOs and grass-roots and community organizations. Certain technical inputs may be provided by UNFPA or other external agencies, as necessary, including expertise from Country Support Team advisers in Amman, Jordan, or by international consultants. The programme will provide on-site management and technical support through national professional project personnel whenever necessary.

20. UNFPA input will be managed by the office of the resident UNFPA Representative, which contains three professionals, a finance assistant and other support staff. The programme will be closely monitored in accordance with UNFPA guidelines through field visits, periodical reviews, annual project progress reports and review meetings. A mid-term review will be undertaken early in 2000 as will an evaluation of the programme's achievements near its conclusion.

21. In implementing and managing the proposed UNFPA-assisted programme, the UNFPA country office will collaborate closely with other national and external partners involved in population and development efforts in Egypt, most particularly with USAID, the World Bank, and the UNFPA's partners in the Joint Coordinating Group on Policy (JCGP). The population donor subgroup mechanism, chaired by the UNFPA Representative, and the donor assistance group will be utilized to promote effective coordination of both national and external support, including private sector involvement, in population programmes.

Recommendation

22. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Egypt, as presented, in the amount of $18 million, $14.4 million of which would be from UNFPA's regular resources, to the extent such resources are available, and the balance of $3.6 million would be sought from multi-bilateral and/or regular resources, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.